RECEIVED
CENTRAL FAX CENTER

AUG 1 8 2004

Johnson-Johnson

3210 Merryfield Row San Diego, California 92121-1126 Phone: (858) 320-3406 Fax: (858) 784-3044

FACSIMILE COVER SHEET

OFFICIAL

Date: August 18, 2004

To: Commissioner for Patents

Of: United States Patent and Trademark Office

Fax No.: 703-872-9306

From: Linda S. Evans

Re:

Total Pages (including this page): 9

•

Patent Application No. 09/993,159, filed November 5, 2001 Applicant: Lovenberg et al.

Attorney Docket No: ORT-1528

Certificate of transmission:

The undersigned certifies that the accompanying Notice Of Appeal (in duplicate) and Reply To Final Office Action are being herewith transmitted to the above-referenced fax number on the above-identified date.

Linda S. Evans (Reg. No. 33,873)

CONFIDENTIALITY NOTICE: This facsimile transmission, including this cover sheet and any documents that may accompany it, contains information from Johnson & Johnson intended only for the use of the individual or entity to which it is addressed, which may contain information that is privileged, confidential, and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, any disclosure, dissemination, distribution, copying or other use of this communication or its substance is prohibited. If you have received this communication in error, please call us "collect" to arrange for the destruction of the communication or its return to us at our expense. Thank you.

RECEIVED
GENTRAL FAX CENTER

AUG 1 8 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Lovenberg et al.

Atty. Docket: ORT-1528

Serial No.:

09/993,159

Art Unit:

1632

Filed:

November 5, 2001

Examiner:

Michael C. Wilson

For:

Histamine Receptor H3

Confirmation No.: 8725

Modified Transgenic Mice

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REPLY TO FINAL OFFICE ACTION

Sir:

Introductory Remarks

This is a response to the final Office Action mailed May 18, 2004, in the above-identified application. A Notice Of Appeal, including payment for the required appeal fee, accompanies this response. In the event that the enclosed payment is insufficient or any other fees not accounted for herewith are required for the filling of this correspondence, please charge all necessary fees to Deposit Account No. 10-0750.

Applicant requests favorable reconsideration of the application in light of the remarks after the following listing of claims provided for the convenience of the Examiner.